2001 UNIFORM BUSINESS REPORT (UBR)

Mar 23, 2001 8:00 am Secretary of State DOCUMENT # F9700005081 Entity Name CIC HOLDINGS, INC. 03-23-2001 90014 036 ***158.75 Mailing Address Principal Place of Business 10560 ASHVIEW PLACE. #250 10560 ASHVIEW PLACE. #250 CINCINNATI OH 45242 CINCINNATI OH 45242 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 31-0229090 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition CD ☐ Delete TITLE TITLE CAUDILL, RICHARD W NAME NAME STREET ADDRESS STREET ADDRESS 10560 ASHVIEW PLACE, #250 CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SHELL, KEVEN E NAME NAME STREET ADDRESS STREET ADDRESS 10560 ASHVIEW PLACE, #250 CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME GAMSTETTER, NEIL C STREET ADDRESS STREET ADDRESS 10560 ASHVIEW PLACE, #250 CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 ☐ Change ☐ Addition ☐ Delete TITLE TITLE n WARD, RICHARD H NAME STREET ADDRESS STREET ADDRESS 10560 ASHVIEW PLACE, #250 CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 ☐ Delete TITLE Change Addition D TITLE KOONS, JOHN F III NAME NAME STREET ADDRESS STREET ADDRESS 10560 ASHVIEW PLACE, #250 CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 X Addition V [] Change ☐ Delete TITLE TITLE NAME

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MARTIN, WILLIAM P II

CINCINNATI OH 45242

10560 ASHVIEW PLACE #250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Martin II,

Treasurer 3/16/01

FILED